U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

19.00 (0.00)	2. Fiscal Year Covered From:		
	1 / 1 / 2064 Through: 1 / 31 / 2004		
3. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Dale A MIller	Name OPenaling Engers Local 139		
	Labor Organization File Number		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3854 Deenfalld Road	Street N27 w23233 Roundy Orioc		
City Deer Feeld	City Pewquker		
State Wis, ZIP Code + 4 53531	State 4 / 5 ZIP Code + 4 5 3 7 0 7		
5. Position in labor organization. Business Manager	aperating Engers Lucal 139		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion). A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.		
The second secon	7.a. Nature of Interest, Transaction, or Income.		
Name			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
Name Trade Name, if any:			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4			
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing Dale A Miller		File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or othe of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or ir dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise	3
8. Name and address of Business (including trade name, if any). Name Centeral Pension Fund of Ivot in Part to Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 4/15 chesa peake street Now City Washington State District of Calambia, ZIP Code + 4 20016 - 4665	a. Labor Organizat b. Trust c. Employer	tion
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	
Name:		
Trade Name, if any:		
Trade Name, n any:		
P.O. Box, Bldg., Room No., if any		
Street	11 h Approximate dollar value	o of euch dealing
City	Approximate dollar value of such dealing. Nature of interest held or income received.	
State ZIP Code + 4	The state of the s	Expense Reimbursements
	12.b. Amount. 8476	8.66
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	TO THE THE OWN THE GROWN AND AND AND A SHEET THE SHEET AND A SHEET THE SHEET
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	1	
Street		
Street City		
The statement and designation of the contract		:
City	14.b. Amount of payment.	· · · · · · · · · · · · · · · · · · ·

2004 Trustee Meeting Expense Reimbursements Dale A. Miller

Mtg Date/Location	Amount	Date Paid	Paid To
01/15-16	\$1,840.59	02/19/04	D. Miller
Bal Harbour FL	80.16	03/22/04	Sheraton Hotel
05/17-18 Washington DC	\$ 40.04 851.88 108.30	05/20/04 06/14/04 07/08/04	City Place Cafe D. Miller Morton's Restaurant
09/27-28	\$1,635.58	10/25/04	D. Miller
Colorado Springs CO	212.11	10/27/04	Broadmoor Hotel

TOTAL

\$4,768.66